## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

11.60万台的多个可图

| CLAIMS AS FILED - PART I                                                          |                                                |                                           |                                               |              |                                           |                    |    | SMALL ENTITY TYPE   |                        | OR  | OTHER THAN OR SMALL ENTITY            |                        |  |
|-----------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------|-------------------------------------------|--------------------|----|---------------------|------------------------|-----|---------------------------------------|------------------------|--|
| U.S. NATIONAL STAGE FEES                                                          |                                                |                                           | (Column 1)                                    |              | (Column 2)                                |                    | 1  | RATÉ                |                        |     |                                       |                        |  |
| U.S. NATIONAL STAGE FEES                                                          |                                                |                                           |                                               |              |                                           |                    | ┨  |                     | FEE                    |     | RATE                                  | FEE                    |  |
| BASIC FEE                                                                         |                                                |                                           | SMALL ENT.                                    |              | LARGE ENT. = \$ 300                       |                    |    | BASIC FEE           |                        | OR  | BASIC FEE                             | 3∞                     |  |
| EXAMINATION FEE                                                                   |                                                |                                           | Satisfies PCT Art<br>(4) = \$50 /             | \$ 100       | All other situations = \$ 100 / \$ 200    |                    |    | EXAM. FEE           |                        |     | EXAM, FEE                             | 200                    |  |
| SEARCH FEE                                                                        |                                                |                                           | U.S. is ISA = \$ ALL other cour \$ 200 / \$ 4 | ntries =     | All other situations ⇒<br>\$ 250 / \$ 500 |                    |    | SEARCH FEE          |                        |     | SEARCH FEE                            | 460                    |  |
| FEE FOR EXTRA SPEC. PGS.                                                          |                                                |                                           | minu                                          | s 100 =      | / 50 =                                    |                    |    | X \$ 125 =          |                        |     | X \$ 250 =                            |                        |  |
| TOTAL CHARGEABLE CLAIMS 73                                                        |                                                |                                           | 75 min                                        | us 20 =      | • 55                                      |                    |    | X \$ 25 =           |                        | OR- | X \$ 50 =                             | 2750                   |  |
| INDE                                                                              | PENDENT CL                                     | AIMS                                      | . 2 m                                         | inus 3 =     | •                                         |                    |    | X \$ 100 =          |                        | OR  | X \$ 200 =                            |                        |  |
| MUL                                                                               | TIPLE DEPEN                                    | DENT CLAIM PRE                            | SENT                                          |              |                                           |                    |    | + \$ 180 =          |                        | OR  | + \$ 360 =                            | 360                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2          |                                                |                                           |                                               |              |                                           |                    |    | TOTAL               | ·                      | OR  | TOTAL                                 | 4010                   |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)    CLAIMS   HIGHEST |                                                |                                           |                                               |              |                                           |                    | 7  | SMALL ENTITY        |                        |     | 4140<br>OTHER THAN<br>OR SMALL ENTITY |                        |  |
| 몽                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                               | NUM<br>PREVI | IBER<br>OUSLY<br>FOR                      | PRESENT<br>· EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                   | Total                                          | *                                         | Minus                                         | **           |                                           | = .                |    | X \$ 25 =           |                        | OR  | X \$ 50 =                             |                        |  |
|                                                                                   | Independent                                    | *                                         | Minus                                         | ***          |                                           | =                  | ]  | X \$ 100 =          |                        | OR  | X \$ 200 =                            |                        |  |
|                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |                                           |                                               |              | CLAIM                                     |                    | ]. | + \$ 180 =          | *                      | OR  | + \$ 360 =                            |                        |  |
|                                                                                   |                                                |                                           |                                               |              |                                           |                    |    | TOTAL ADDIT.<br>FEE |                        | ОR  | TOTAL ADDIT.<br>FEE                   |                        |  |
| (Column 1) (Column 2) (Column 3)                                                  |                                                |                                           |                                               |              |                                           |                    |    |                     |                        |     |                                       |                        |  |
| Z                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                               | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR              | PRESENT<br>EXTRA   |    | RATE                | ADDI-<br>TIONAL<br>FEE | 1   | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                   | Total                                          | *                                         | Minus                                         | **           |                                           | 3                  |    | X \$ 25 =           |                        | OR  | X \$ 50 =                             |                        |  |
|                                                                                   | Independent                                    | *                                         | Minụs                                         | ***          |                                           | =                  |    | X \$ 100 =          |                        | OR  | X \$ 200 =                            |                        |  |
|                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                               |              |                                           |                    |    | + \$.180 =          |                        | OR  | + \$ 360 =                            |                        |  |
|                                                                                   |                                                |                                           |                                               |              |                                           | <del></del>        | -  | TOTAL ADDIT.<br>FEE |                        | OR  | TOTAL ADDIT.<br>FEE                   |                        |  |
|                                                                                   |                                                |                                           |                                               |              |                                           |                    |    |                     | •                      |     |                                       |                        |  |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.